

September 17, 2015

Los Angeles County  
Board of Supervisors

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TO: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.   
Director

SUBJECT: **DHS EMPANELMENT AND MY HEALTH LA  
ENROLLMENT**

On July 7, 2015, the Board of Supervisors requested that the Director of Health Services report back to the Board on:

1. the number of patients that remain to be empaneled and the timeline for empanelment as part of the Department of Health Services' Medi-Cal Managed Care Plan and
2. the percentage of people enrolled in the My Health LA program in unincorporated East Los Angeles; and existing barriers relating to My Health LA program enrollment and a process to expedite and increase enrollment.

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*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

### EMPANELMENT

There are two processes involved in empanelment. The first, *periodic empanelment*, is the process by which health plan assigned patients are linked to a specific Department of Health Services (DHS) provider or primary care clinic. This is done by Managed Care Services on a daily basis (Monday-Friday). Every DHS managed care patient is empaneled. As of August 2015, there were over 360,000 insured managed care patients empaneled to a DHS provider or primary care clinic. Of those, 89% were Medi-Cal managed care beneficiaries and 11% are in the managed care health insurance program for In-Home Supportive Services workers.

The second process *prospective empanelment*, is the process by which non-health plan patients (generally, the uninsured) are linked to a specific DHS provider. The mechanism for prospective empanelment is via the New Empanelment Request Form (NERF), an electronic workflow solution accessible via the DHS intranet. From January 1, 2015 through August 28, 2015, nearly 21,000 NERFs were submitted. The goal is to process NERFs within 30 days. Processing a NERF is based on the following workflow:

- DHS first tries to accommodate the patient in their requested facility.
- If DHS is unable to do so, then the NERF is routed to the Empanelment Management Unit (EMU) to attempt placement at other County sites.
- If the EMU cannot find a medical home within DHS, then the NERF is routed to the DHS Appointment Scheduling Center to try to link the patient with a Community Partner.

As of early September 2015, there are only 15 NERFs (0.07% of total 21,000 submitted) that had not been processed within 30 days and of those four had not



been completed within 60 days (DHS is targeting all of these for completion). All other NERFs submitted have been completed, or are in process less than 30 days. DHS is in the process of rolling out the next generation of the NERF system which will provide more flexibility and better usability. We have successfully linked the empanelment database with ORCHID to ensure that providers know who the responsible primary care provider is for each empaneled patient to promote continuity of care.

### MY HEALTH LA

My Health LA (MHLA) officially launched on October 1, 2014. In terms of enrollment, as of August 31, 2015, 11 months into the program, over 131,000 individuals are enrolled in MHLA – 90% of the maximum 146,000 enrollment. Aggregate demographic data on MHLA participants is reported monthly and available on the MHLA webpage. This includes geographic distribution across supervisorial districts and service planning areas using zip code data provided by MHLA applicants. As of August 31, 2015, Supervisorial District 1 (incorporated and unincorporated areas) comprised 27% (35,462) of all MHLA participants.

It's important to note that zip codes do not have confined boundaries and cross supervisorial districts, service planning areas, cities, incorporated/unincorporated areas, etc. Based upon a DHS analysis of June 2015 enrollment data and the limitations noted with respect to the porous nature of zip codes, 4% (5,347) of all MHLA participants reside in zip codes that cover unincorporated areas of District 1. This was derived from a map which indicates incorporated and unincorporated areas, and from calculations for addresses that could be geocoded. See attached.

DHS has worked collaboratively with Community Clinic Association of Los Angeles County (CCALAC) and MHLA clinics on opportunities to enhance enrollment strategies and is interested in maximizing program enrollment. For example, the MHLA Waiver Application Form permits enrollment at community-based events. This application process gives community clinics the flexibility to enroll outside of the medical home. To date, DHS has approved all requests submitted by clinics to enroll at community events.

DHS will be proposing for Board consideration amendments to the MHLA Agreement that will:

- allow MHLA clinics to conduct MHLA enrollment in administrative sites,
- expand the definition of a MHLA medical home so that mobile van sites can serve as medical homes and MHLA enrollment sites and
- enable satellite clinics that operate part-time to be medical homes and MHLA enrollment sites.

These proposed changes will allow for more enrollment locations and have been reviewed by and agreed upon by CCALAC. In addition, other proposed amendments include, but are not limited to:

- providing flexibility in dental allocations provided to clinics and adding payable dental codes
- preparing for the exclusion of those aged 0 – 18 from MHLA timed with the implementation of Senate Bill 75 and
- making changes to MHLA Pharmacy Phase II consistent with use of clinic dispensaries and retention of a Pharmacy Services Administrator.

DHS anticipates the amendments will be discussed at the Health and Mental Health Cluster in October 2015 and brought to the Board for a vote in November 2015.

MHK:tb

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors